



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CA No. 04-10627-RCL	
DEFENDANT ONE PAINTING/PASTEL TITLED "LA COIFFURE" BY EDGAR DEGAS		TYPE OF PROCESS Complaint and Warrant & Monition	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Arnold Katzen c/o William Kettlewell, Esquire		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) Dwyer & Collora, 600 Atlantic Avenue, Boston, MA 02110		
Send NOTICE OF SERVICE copy to Requester:  SHELBEY D. WRIGHT, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  Please serve the attached Verified Complaint and Warrant & Monition upon the above-named individual by certified mail, return receipt requested.  LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of <i>Sherbey D. Wright</i>		Telephone No. (617) 748-3100	Date Apr. 29, 2004
SIGNATURE OF PERSON ACCEPTING PROCESS: <i>Sherbey D. Wright</i>		Date	
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:  <i>Stephen P. Leonard</i>
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		Please see Remarks below.	
		Signature, Title and Treasury Agency <i>Stephen P. Leonard</i> Stephen P. Leonard, Forfeitures Officer,	
REMARKS:		U.S. Customs & Border Protection	
Service was made as noted above via certified mail number 7001 2510 0003 4300 4264. Certified mail card signed as received on 5/9/04. Copy of certified mail card attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT   ☐ FOR CASE FILE   ☐ LEAVE AT PLACE OF SERVICE   ☐ FILE COPY

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:            Arnold Katzen            c/o William Kettlewell, Esq.            Dwyer &amp; Collora            600 Atlantic Avenue            Boston, MA 02110</p>		<p>B. Received by (Printed Name) <i>L. T. Dwyer</i> C. Date of Delivery <i>5/9/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number            (Transfer from service label) <b>7001 2510 0003 4300 4264</b></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, August 2001</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt</p> <p>102595-01-M-0381</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage &amp; Fees \$</p>	
<p>Sent To <b>Arnold Katzen</b>  <b>c/o William Kettlewell, Esquire</b>  <b>Dwyer &amp; Collora</b>  <b>600 Atlantic Avenue</b>  <b>Boston, MA 02110</b></p>	
<p>PS Form 3800, January 2001</p> <p>See Reverse for Instructions</p>	